



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

# Continuity of Treatment and Treatment Commodities: 2<sup>nd</sup> 90

PEPFAR Mozambique | March 8, 2022

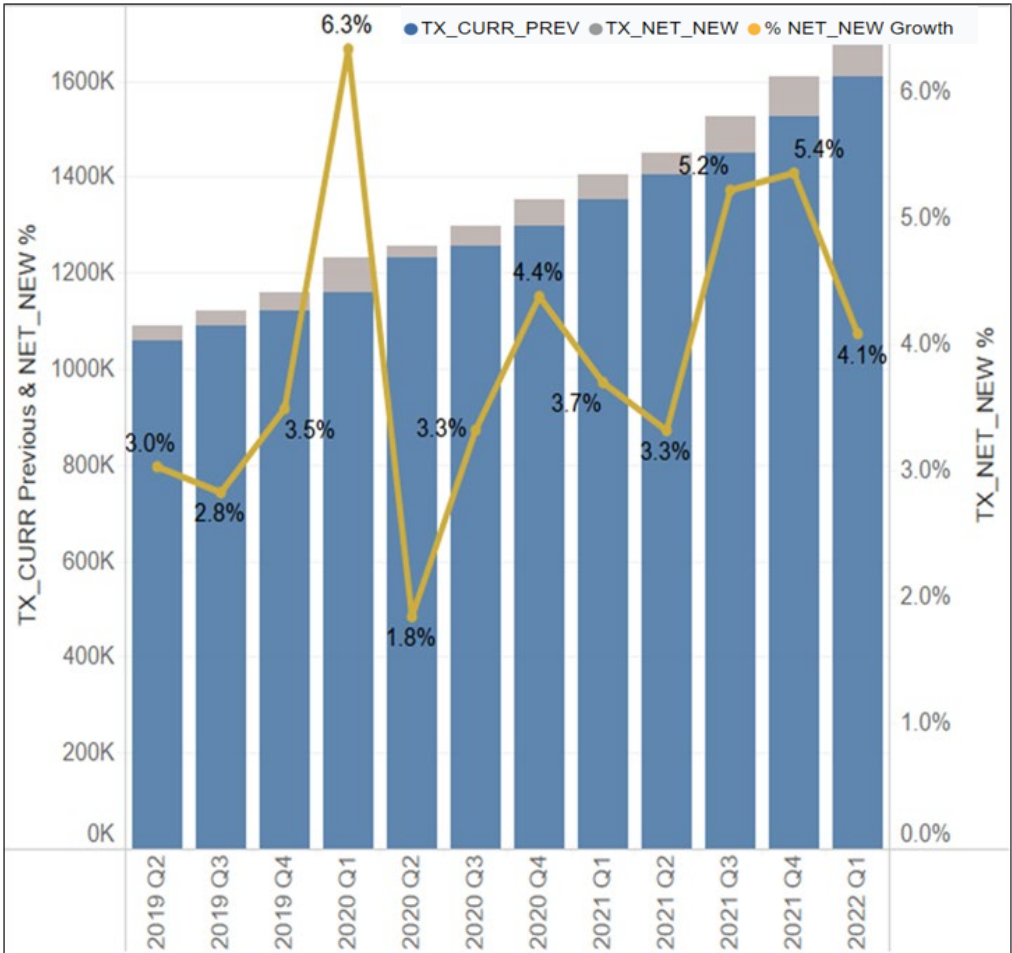
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**19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

# Treatment Growth Continues to be Strong in FY22 Q1 (NET\_NEW 4.1%)

- NET\_NEW % growth remains high since AJUDA pivot leading to the achievement of 1.67M TX\_CURR nationwide
- FY22 Q1 saw four provinces exceed 5% NET\_NEW growth

TX\_CURR & % NET\_NEW Trend



Tx Growth Summary by Province, Q1 2022

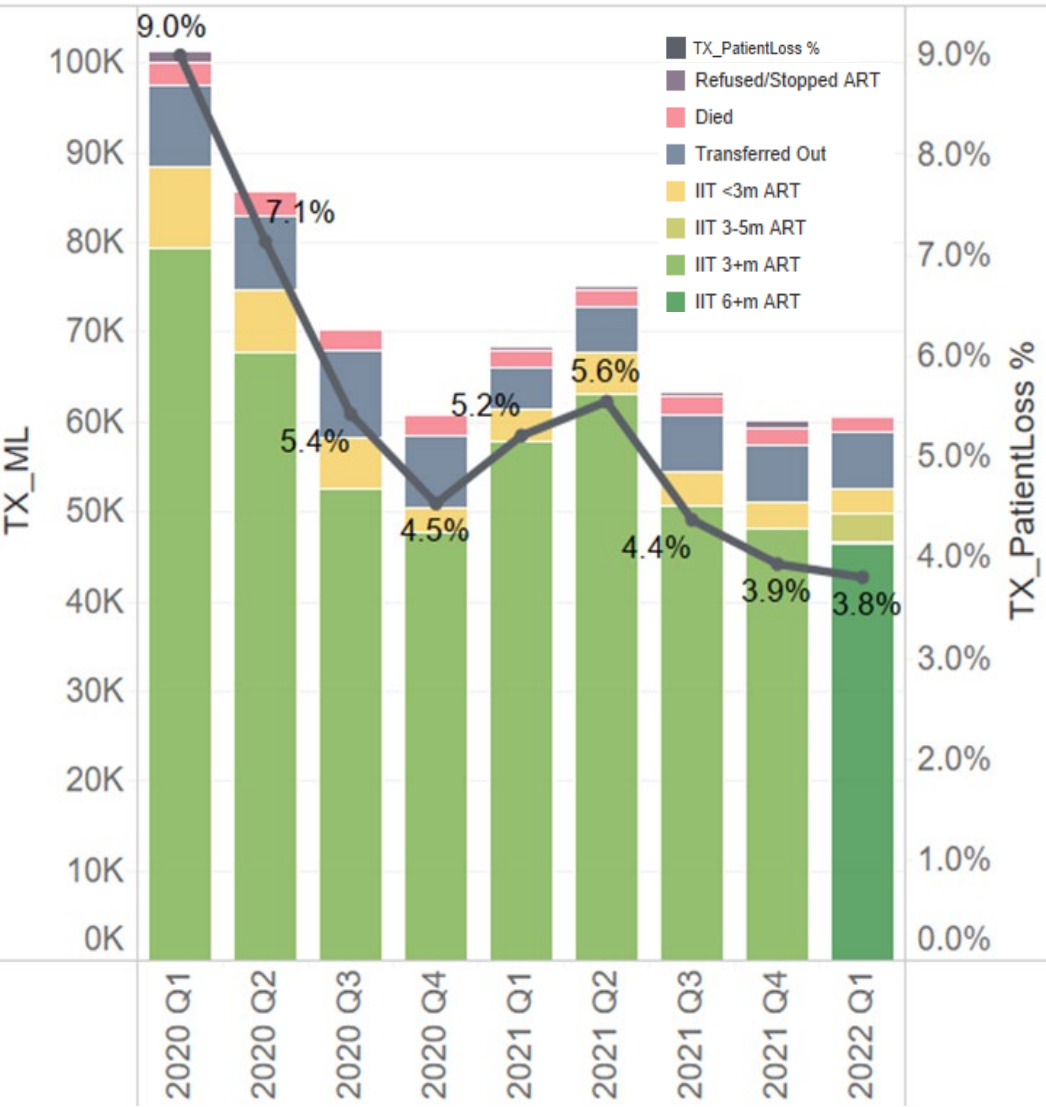
	TX_NEW	TX_RTT	TX_NET_NEW	TX_NET_NEW %	TX_PatientLoss %	TX_CIRA %	TX_CURR
Sofala	7,872	7,150	12,696	9.0%	2.2%	6.4%	154,071
Nampula	17,598	3,788	15,233	8.3%	5.0%	5.7%	199,627
Niassa	2,608	1,086	3,005	7.3%	3.5%	4.4%	44,394
Manica	5,098	2,732	6,437	5.7%	2.0%	4.0%	119,614
_Military Mozambique	1,389	102	1,100	4.5%	0.6%	0.8%	25,785
Tete	3,652	420	3,859	4.4%	0.4%	0.7%	92,287
Cabo Delgado	6,590	2,996	3,537	4.4%	10.2%	11.4%	84,735
Zambezia	15,458	15,367	14,076	4.2%	6.0%	9.7%	352,190
Maputo	5,604	1,711	3,460	2.1%	2.8%	3.5%	171,701
Cidade De Maputo	3,927	2,209	1,312	0.9%	3.5%	4.7%	153,525
Gaza	3,909	778	668	0.4%	1.1%	1.3%	182,790
Inhambane	3,611	718	333	0.4%	3.6%	3.5%	93,658
National	77,316	39,057	65,716	4.1%	3.8%	5.4%	1,674,377

\*TX\_RTT, TX\_Patient Loss, and TX\_CIRA reported for AJUDA EPTS Sites only

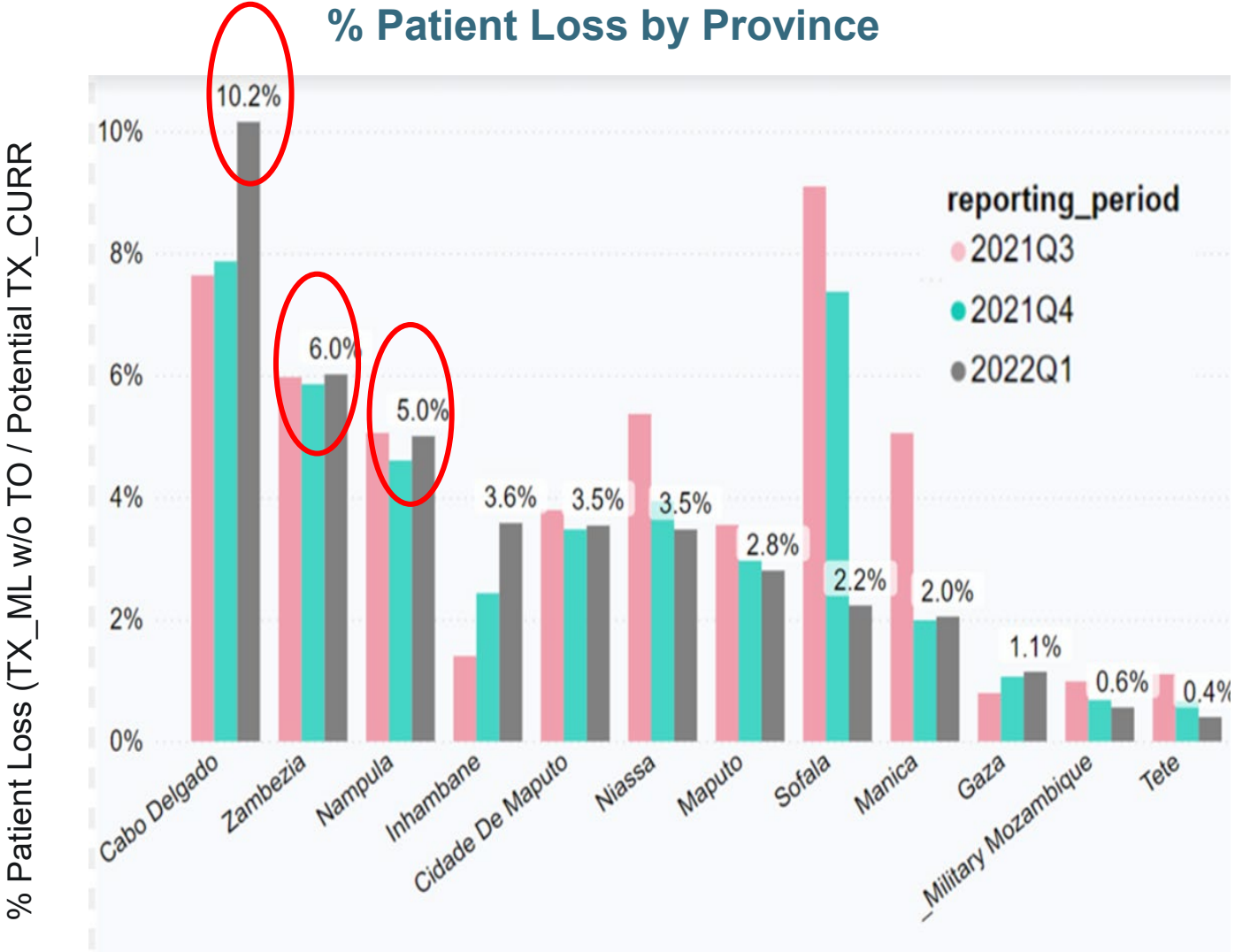
TX\_PatientLoss % = TX\_PatientLoss / Potential TX\_CURR  
TX\_PatientLoss = TX\_ML - TX\_ML Transferred Out  
Potential TX\_CURR = TX\_CURR\_prev + TX\_NEW

# Consistent Decrease in % Patient Loss, But With Provincial Variation

TX\_ML Outcomes: % of Reported Total



% Patient Loss by Province

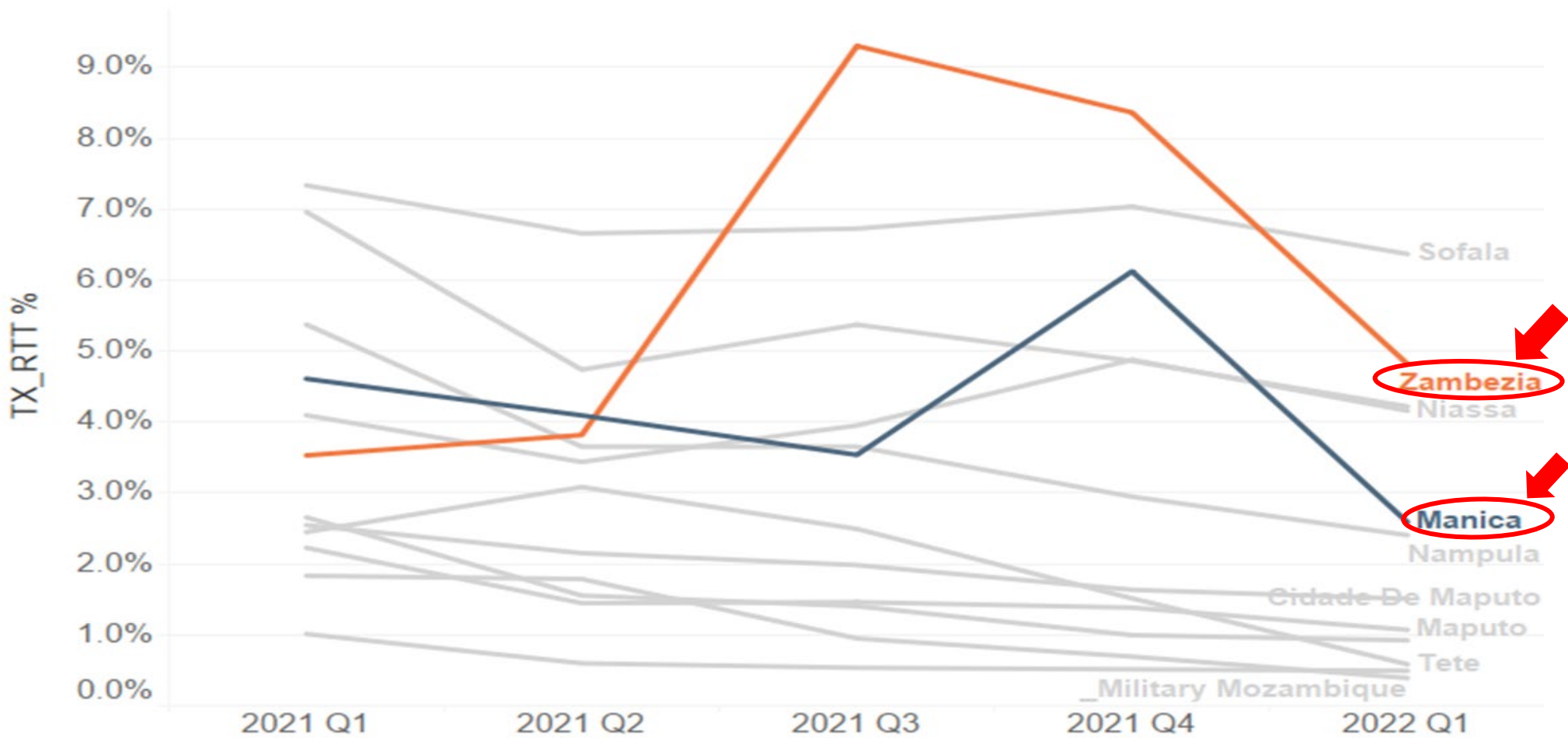


- Only 3/11 provinces (Cabo Delgado, Zambezia and Nampula) with % patient loss at >5%



# Strengthening of Interventions to Sustain TX\_RTT is Required

% TX\_RTT by Province (2021 Q1 - 2022 Q1)

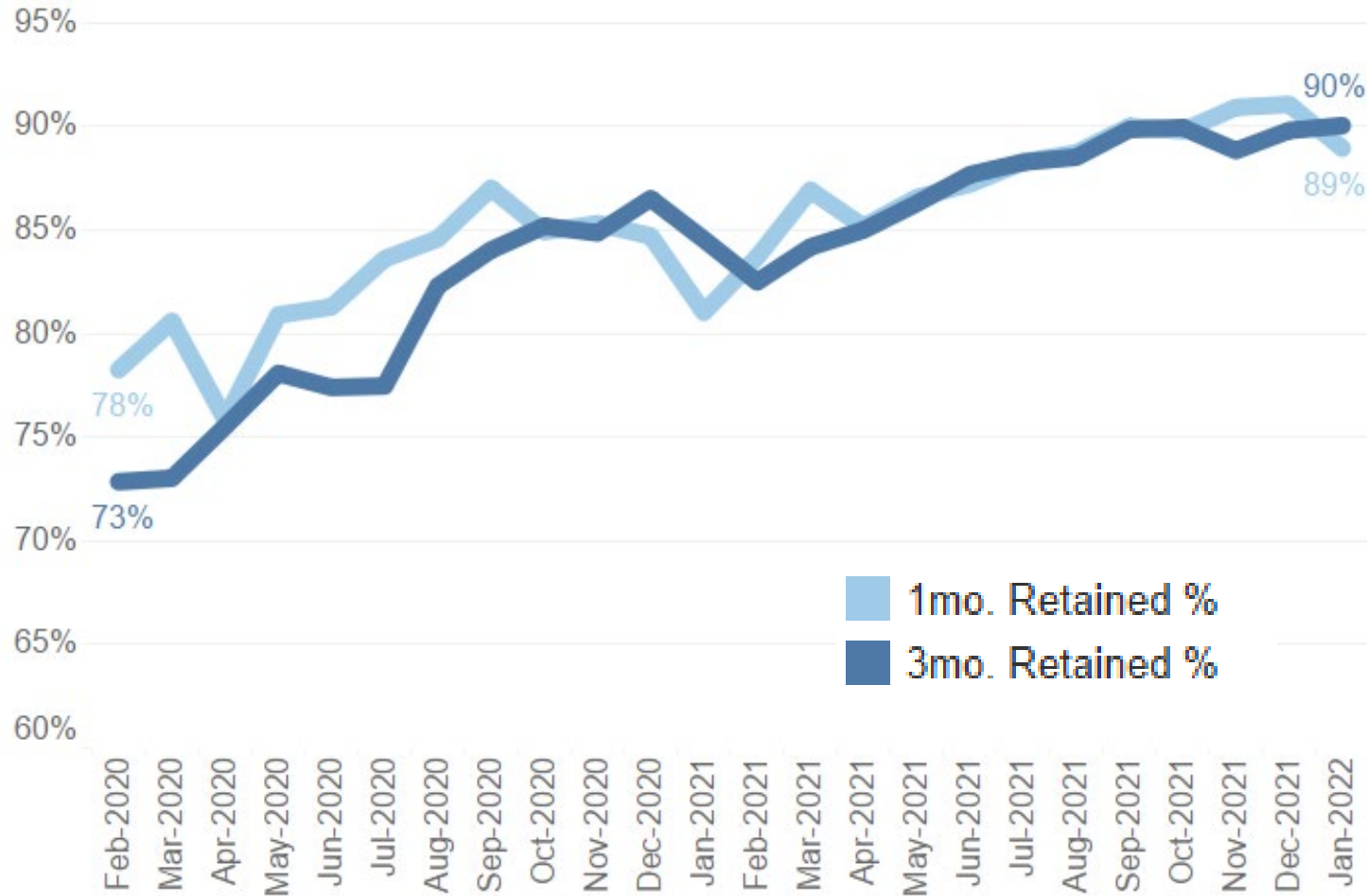


% TX_RTT (RTT/ TX_CURR Potential)	
2021Q1	3.5%
2021Q2	3.0%
2021Q3	4.1%
2021Q4	4.0%
2022Q1	2.7%

- Despite stable TX\_ML, TX\_RTT fell in Q1, driven largely by Zambezia and Manica which decreased ~50%
- Manica decrease likely due to substantive reduction in TX\_ML from the previous quarter
- Zambezia decrease is likely due to RTT surge efforts in FY21Q3 and Q4 and travel for seasonal work

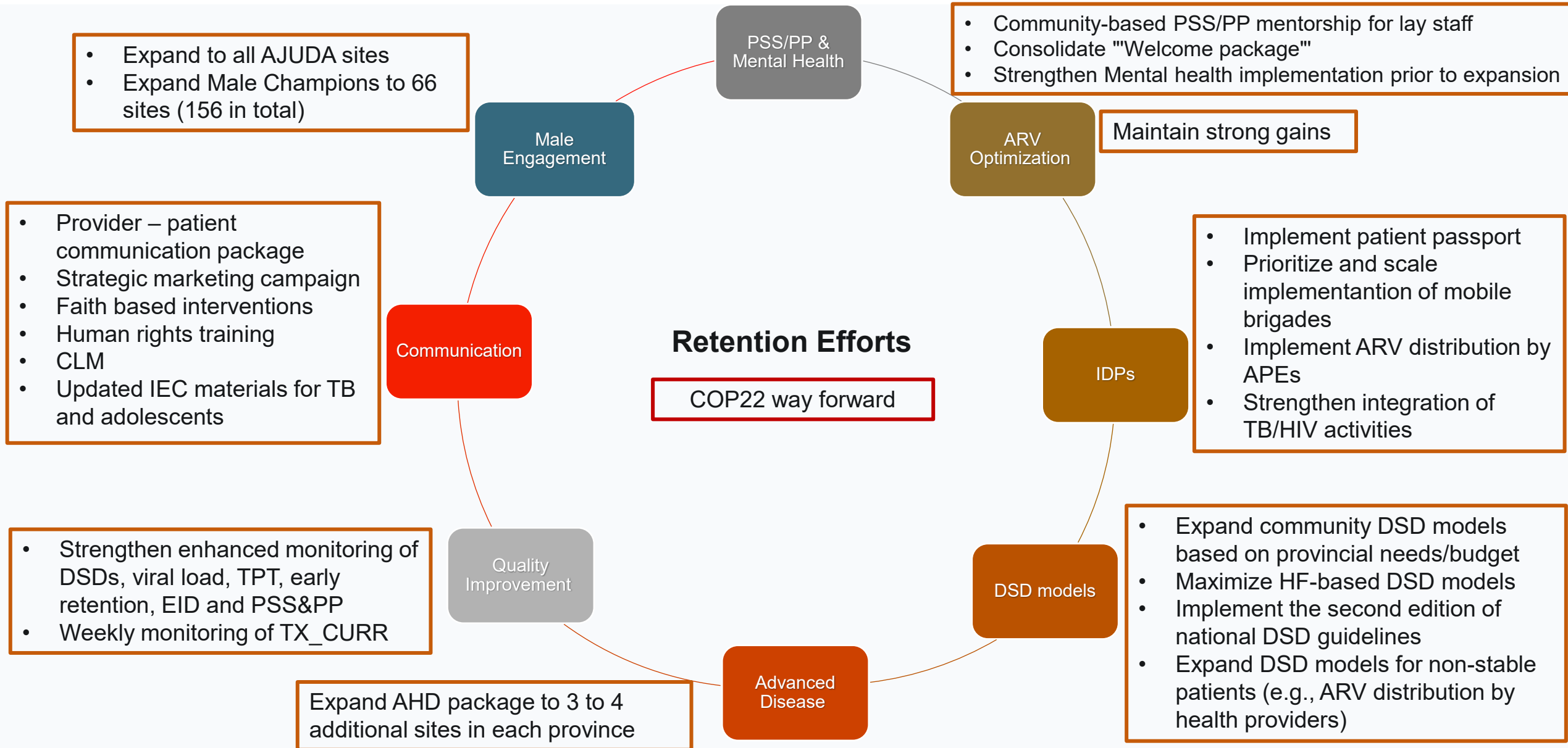
# Early Retention Gains Over Past 2 Years Are Being Sustained

1 & 3-Month Retention: Trends



- Early retention (1 & 3 months) has increased dramatically over the past 2 years
- Early retention rates are being sustained near 90% across all populations

# Retention Efforts: COP22 Way Forward



# Fortifying Male Engagement Services

- COP21: Accelerate expansion efforts and improve fidelity of MISAU-sanctioned package
- COP22: Scale up package to all AJUDA sites





# Community Models for Differentiated ARV Distribution

## ARV distribution through Health Providers



### COP 21

- Ongoing implementation in 214 sites in 6 provinces for 103,296 current patients

### COP22

- Implementation will continue with expansion based on province needs and availability of funds

## ARV distribution through APEs (CHWs)



### COP 21

- Ongoing implementation in 96 health facilities in 10 provinces for 3,076 current patients
- 624 APEs trained

### COP22

- Expansion planned for additional 123 sites

## Service Delivery through Mobile Brigades



### COP 21

- Ongoing implementation in 62 sites in 6 provinces for 15,364 current patients

### COP22

- Expansion will be based on province needs and availability of funds
- Prioritize in IDP settings

## Decentralized Drug Distribution (Private Pharmacies)

### COP 21

- Ongoing implementation in 75 private pharmacies in urban settings in 11 provinces, for 9,595 current patients

### COP 22

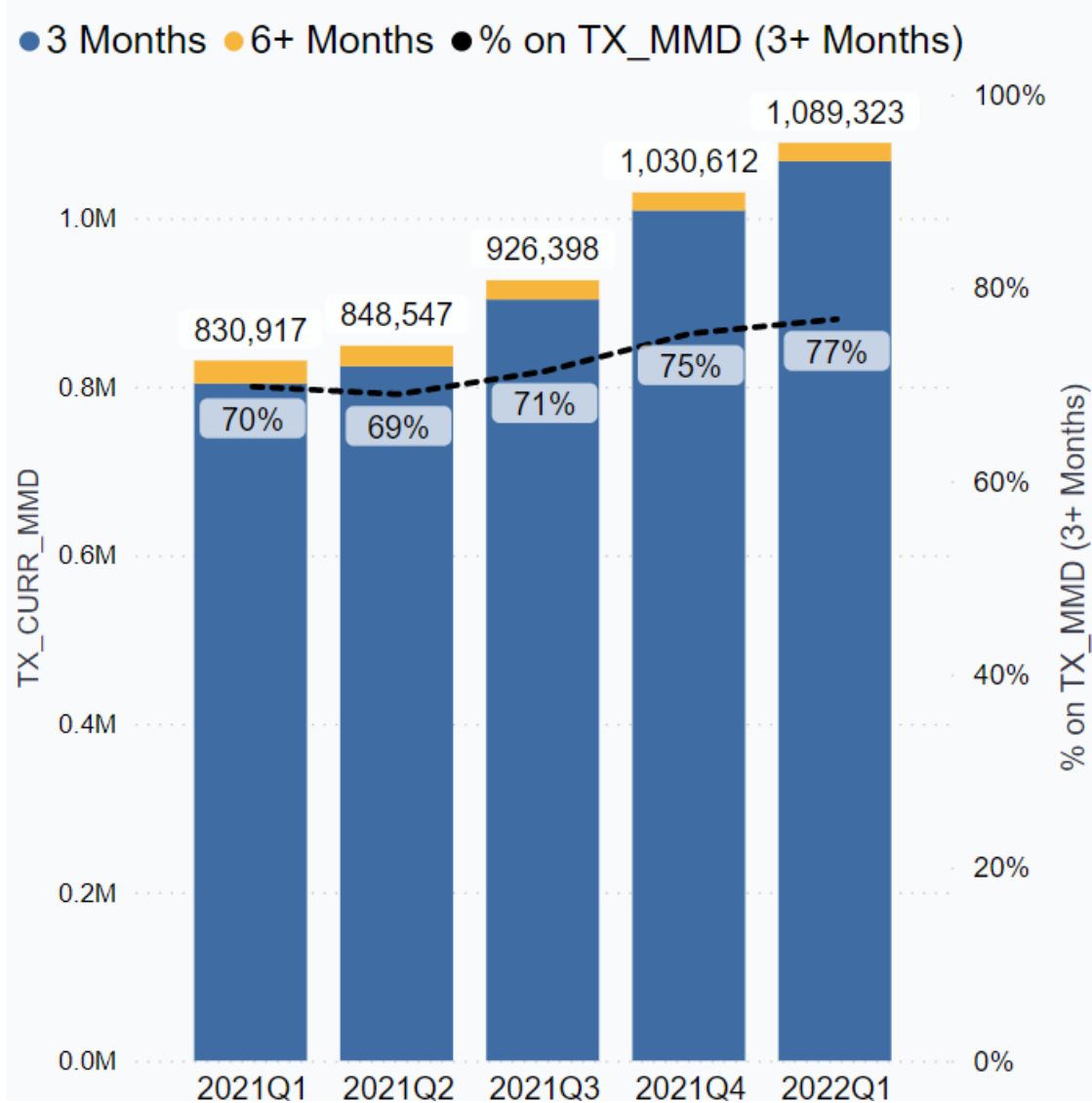
- Maintenance of COP 21 footprint



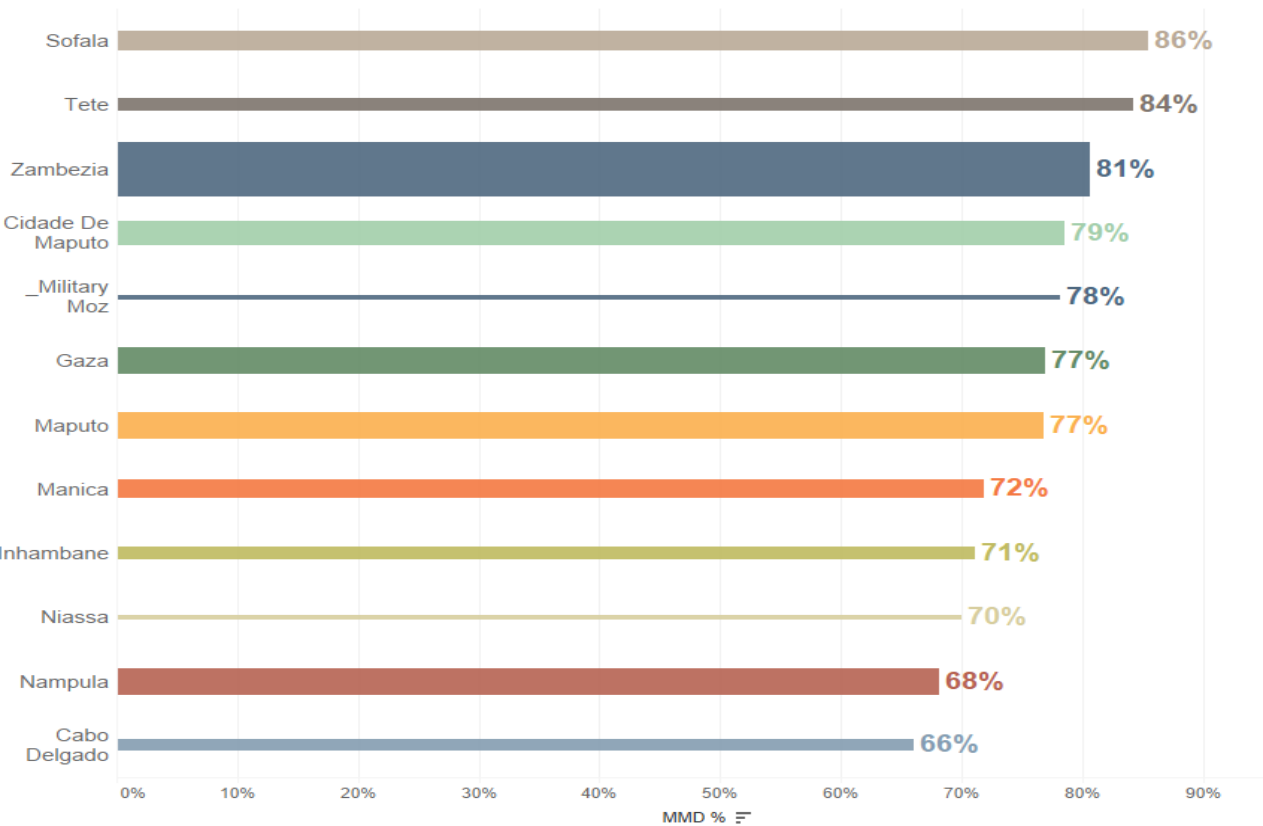


# Consistent Implementation of 3MMD, with Imminent 6MMD Expansion!

## Slowly Increasing 3MMD Each Quarter



## TX\_MMD Trend by SNU (2022 Q1)



### **\*\*BREAKING NEWS – MISAU APPROVES 6MDD\*\***

- Feb 22: Defined # of HFs per province (85 in total)
- March 11: Readiness assessments
- March 25: Provider training
- April 11: 6MMD launch

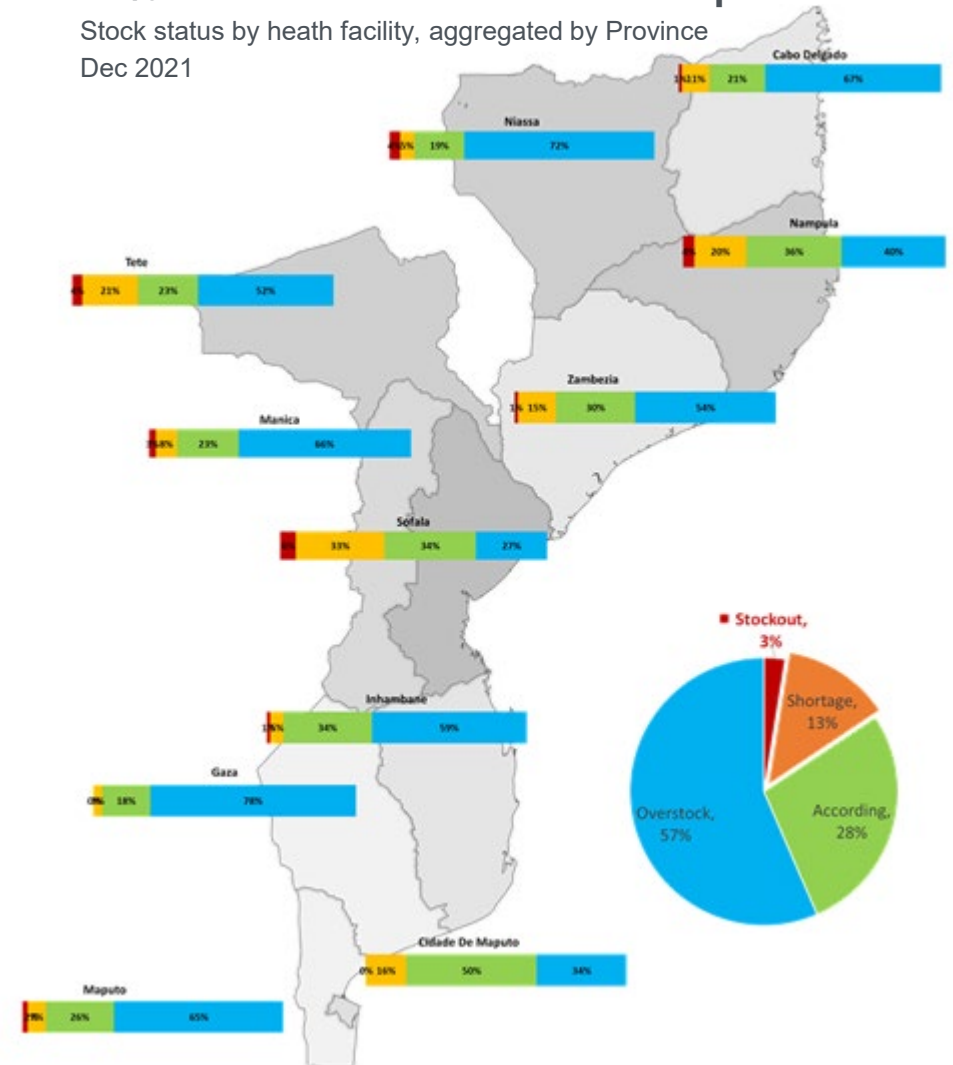
# Update on Treatment Commodities

# Supply Chain Management in Support of National and PEPFAR Program Priorities

- Successfully managed and completed a transition to TLD, and expansion of 3MMD that has been key to support successful treatment growth.
- Monitoring stock levels to ensure the expansion of 6MD in April.
- Managing a transition to pDTG, key to closing the gaps in pediatric treatment.
- Carefully monitoring stock levels on a monthly basis to ensure appropriate commodities to provinces, districts, and sites in need.
- Expanding TPT and AHD treatment to decrease HIV/AIDS mortality.

## TLD90 stocked accordingly or overstocked in 85% of health facilities across 11 provinces

Stock status by health facility, aggregated by Province  
Dec 2021



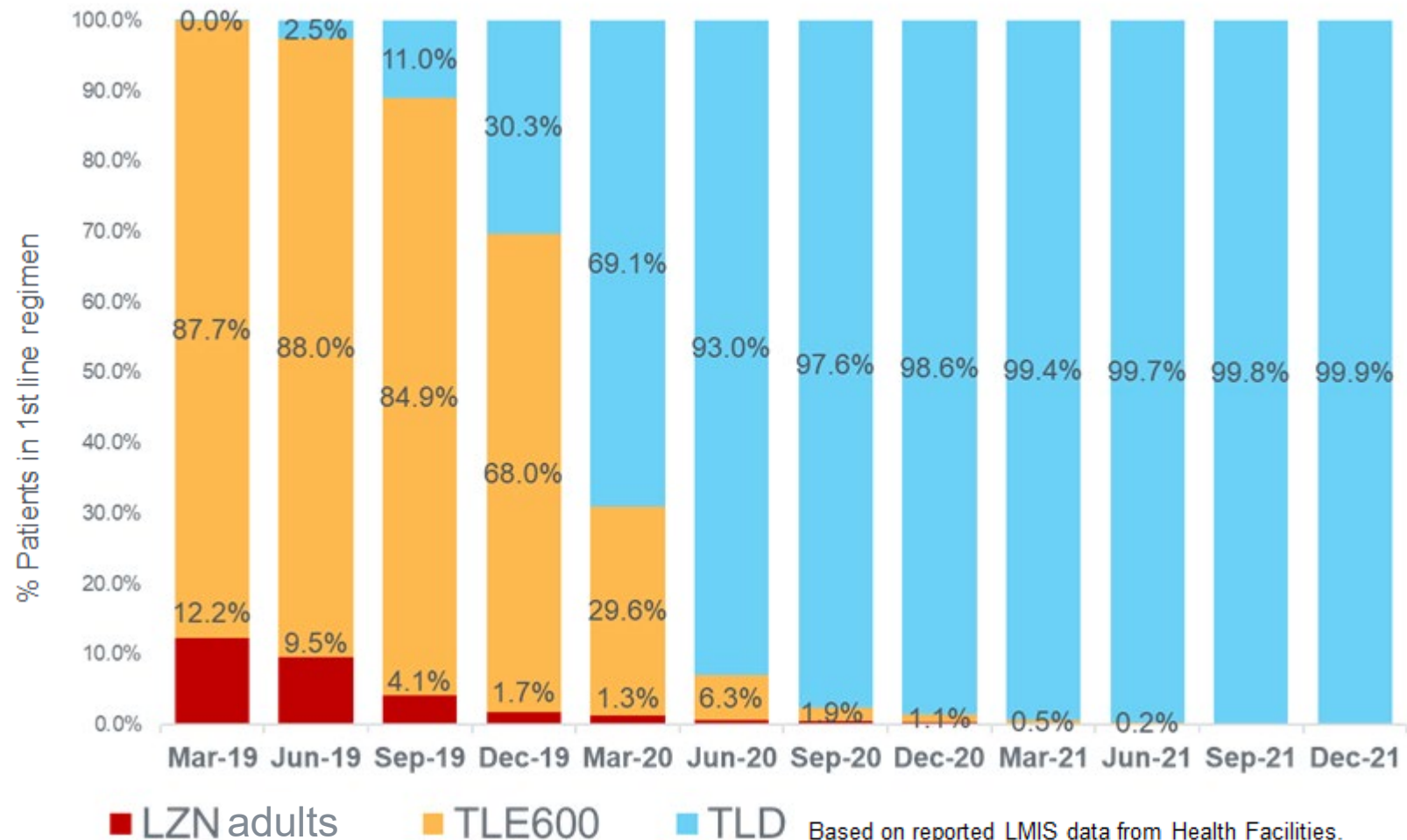


# Completed Transition to TLD: Adult Regimen Optimization

## Successfully completed a transition to TLD for adult regimen optimization, despite challenges during COVID-19

- The TLD transition started slow and with many challenges in FY19
- During FY20 and FY21 the pace of the transition increased, in large part due to the massive expansion of 3MMD (TLD) to mitigate COVID-19
- Currently, 99.9% of adults are on optimized 1st line regimens
- In parallel, LZN (NVP-based) regimens were completely phased out. In FY21, reverse logistics to collect and destruct LZN were completed with PEPFAR support

## Transition to optimized adult and adolescent ART regimens *Percent consumption*

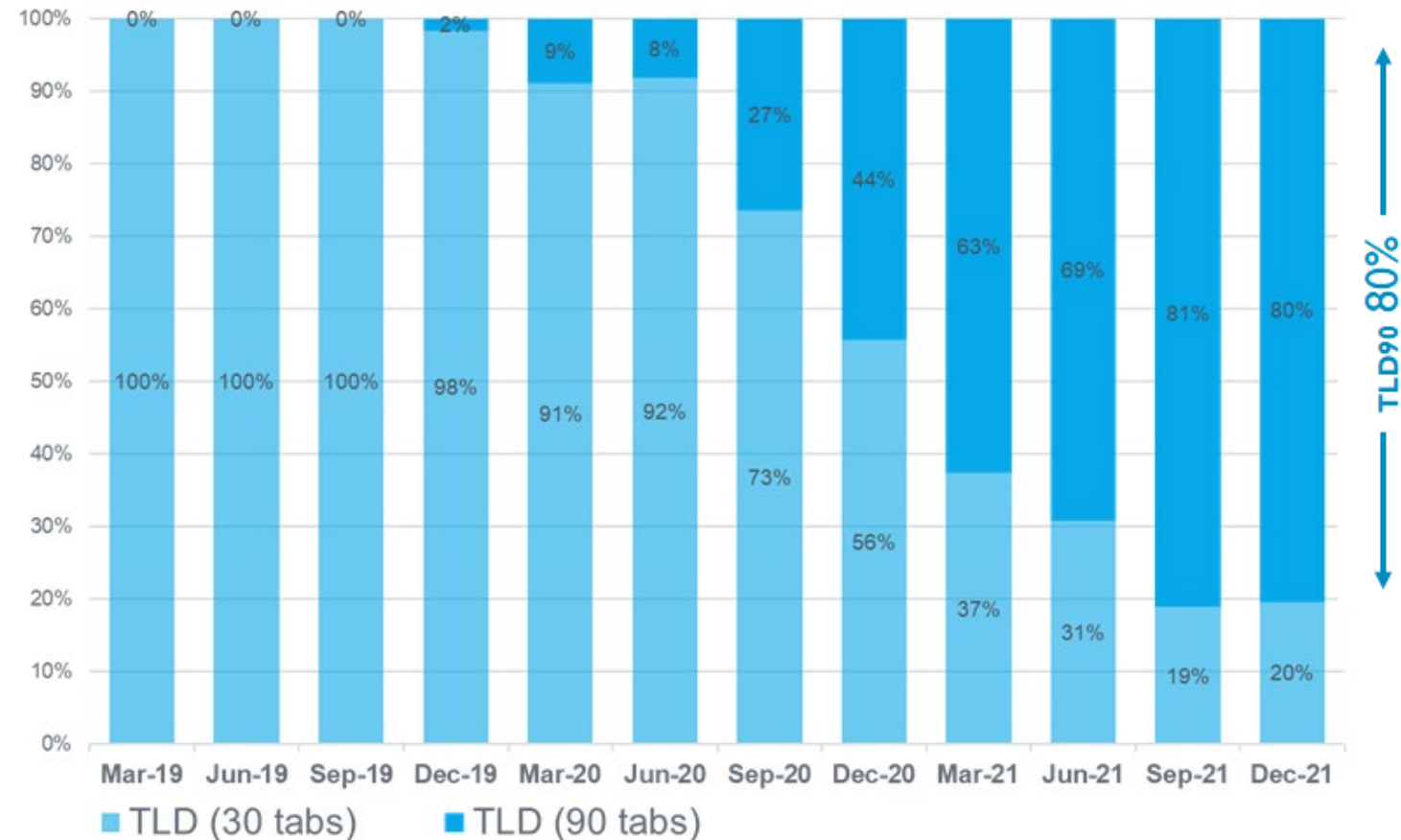


# Expanded Implementation of TLD90 to support MMD

## Successfully expanded the use of TLD90 – supporting MMD implementation

- In coordination with Global Fund, expanded the availability of TLD90 to support MMD implementation, impacting recent treatment growth.
- Less expensive ARV packaging, supporting the drop in treatment cost toward sustainability.
- A more supply chain, patient and environmentally friendly ARV – less packaging, volume and waste. Decrease in volume of treatments per shipping container also decreases shipping costs.

## TLD90 implementation to support MMD *% consumption of TLD30 and TLD90*

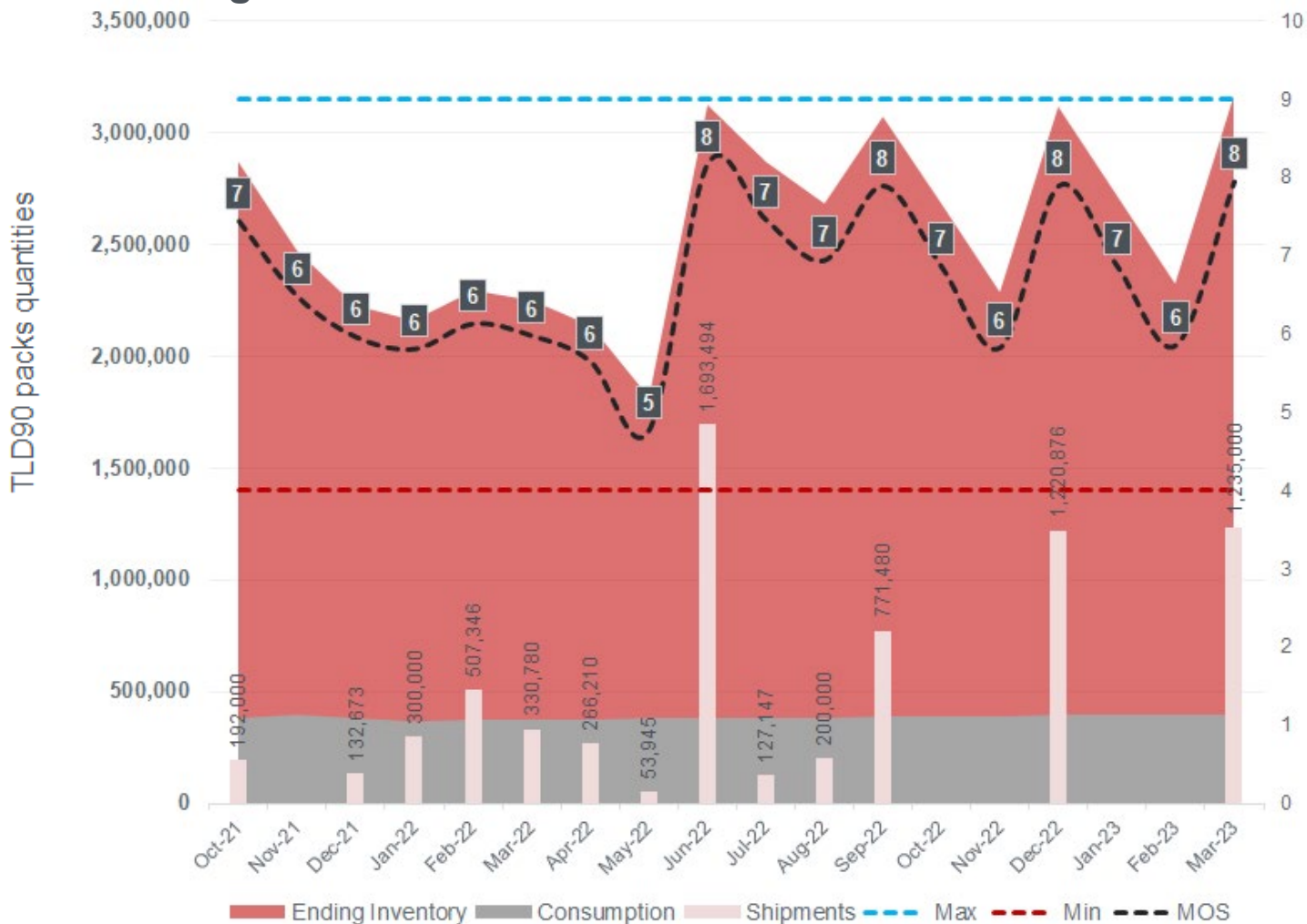


# TLD90 Stocks Sufficient to Support 6MMD

## Projected stock status of TLD90 with sufficient months of stock to support 6MMD

- Monitoring of site level stocks, site level consumption, and monthly orders from various suppliers are required to ensure adequate supply to support expansion of 6MMD
- Requires close coordination of TLD90 procurements between PEPFAR and the Global Fund
- ARV lead times are long - orders need to be placed 6-8 months before arriving in the country

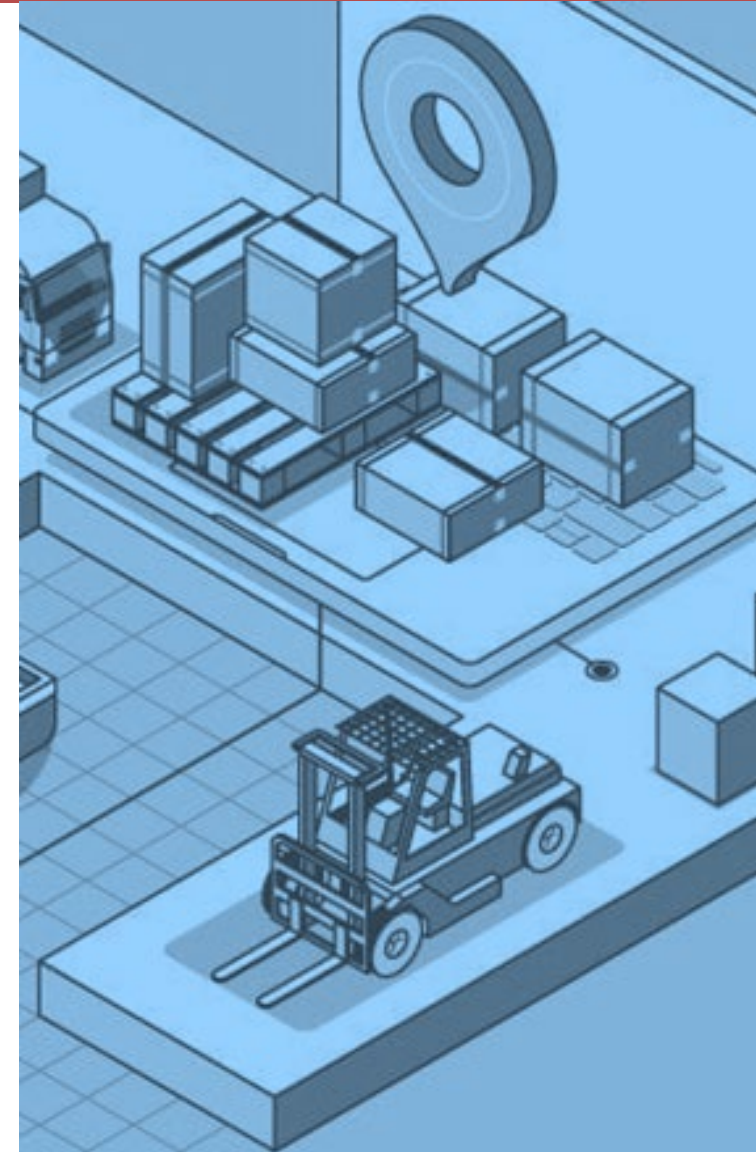
## TLD90 stock projected to be well within the ideal **max** and **minimum** months of stock needed to support 6MD through FY23Q2





# Critical Supply Chain Support to DSD Models

- Accurate forecasting, quarterly supply planning, timely procurement, and pipeline monitoring including identification of supply gaps
- Successful planning for program scale up, transitions to optimized regimens (TLD90, LPV/r, DTG10), and expanding orders to improve ART availability for MMD
- Active collaboration between Global Fund, MOH programs, CMAM, PEPFAR, and IPs to ensure commodity security
- Monitoring stock levels, consumption, and distribution on a monthly basis to ensure availability of commodities to provinces, districts, and sites especially in COVID context
- Supporting decentralized drug distribution at private pharmacies including adaptation of SIGLUS for private pharmacies
- Adjusted supply chain information systems to collect 3MD, 6MD, and TLD90 to ensure data visibility of treatment stocks and consumption for decision-making
- Focused provincial support and capacity building to improve data quality
- Warehouse TA, operational, and central to provincial transportation support to CMAM
- An efficient, privatized transport system to distribute commodities to the last mile



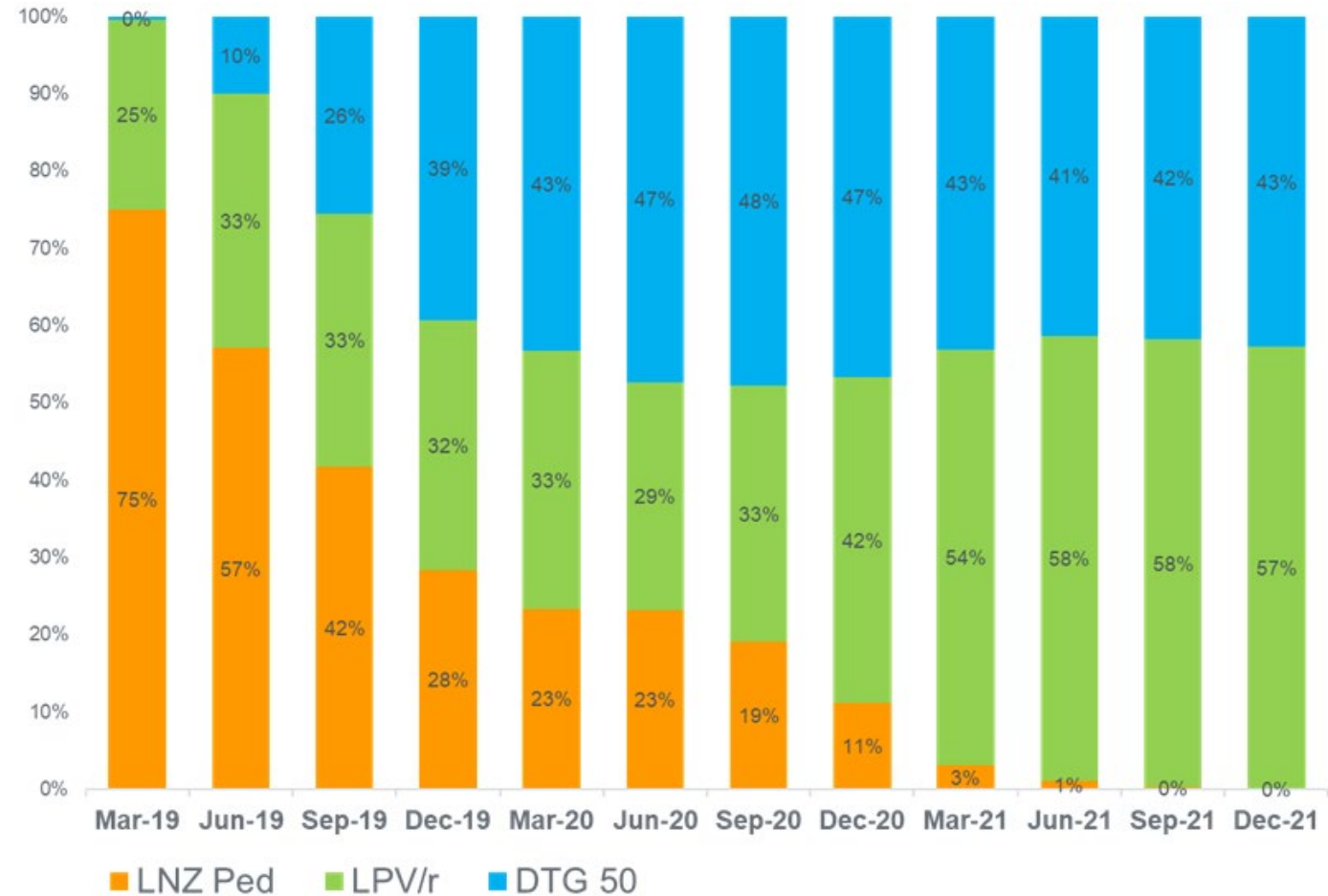
# Transition to Optimized Pediatric Regimens

## Completed a transition to optimized pediatric regimens

- Rapid introduction of DTG50 in children 20-29.9kg
- Slower implementation of LPV/r formulations, but with a full optimization of pediatric treatment by the end of FY21
- During FY21, pediatric LZN was removed from the supply chain and properly discarded with PEPFAR support

## Transition to optimized pediatric regimens

*Percent consumption*

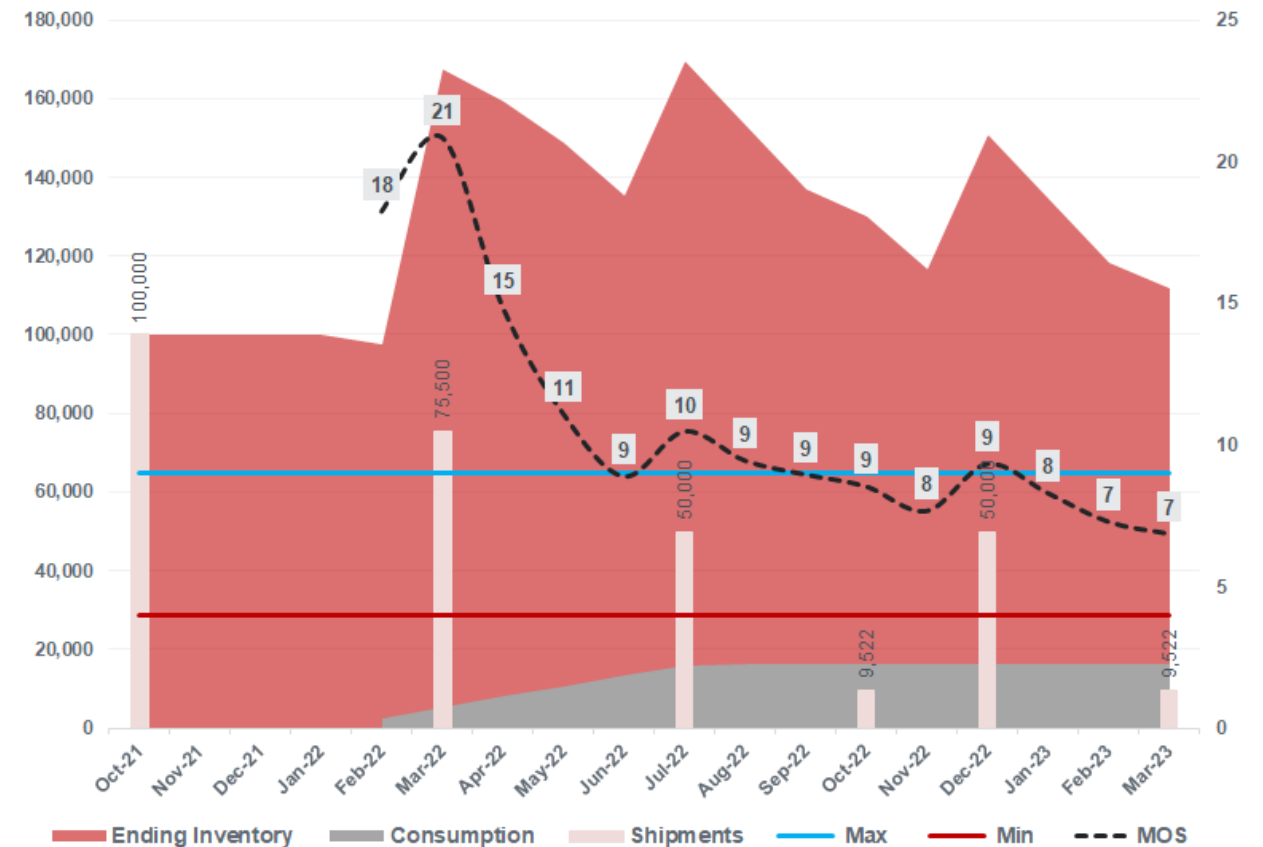


# Projected Stocks to Support DTG10 Transition

## Projected stock status of pDTG to support the transition

- Monitoring stocks and orders to ensure DTG10 stocks for the transition - with high stocks in the beginning to support rapid transition and ensure availability
- Anticipated increase in pDTG consumption starting in FY22Q2
- 3MMD will be the standard of care

## pDTG stock status projection to support pediatric optimization *Months of stock*

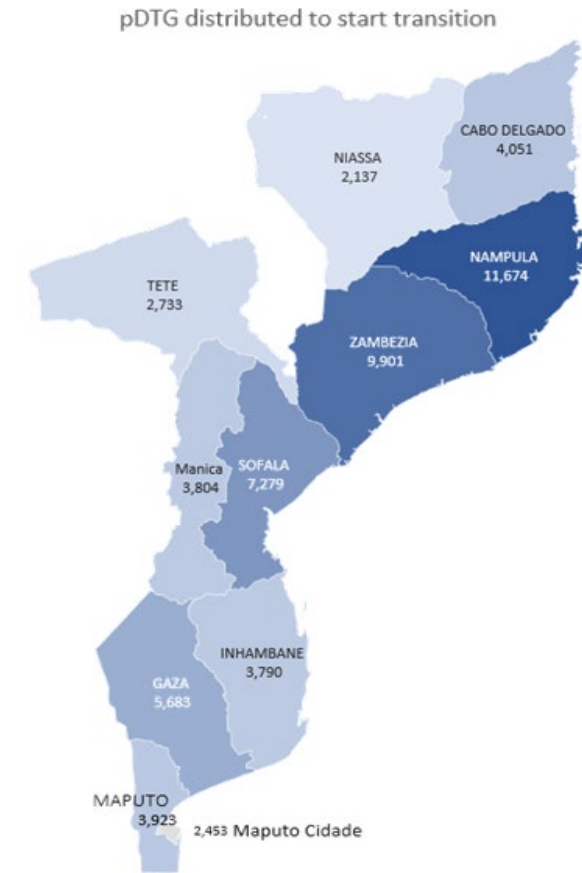




# Pediatric ART Optimization - DTG10 Rollout Underway

- Through FY21Q4, CMAM and HIV Program rolled out implementation plan for all supply chain levels with support from PSM
- Both DTG10mg 90 tab **and** 30 tab planned for procurement in anticipation of quality assurance needed for children of lower weight bands
- DTG10 stocks arrived by end of FY21 followed by training activities to prepare a fast transition, and distribution to HF level
- Dispensing of DTG10 started Feb. 2022
- 1st PEPFAR procurement of DTG10 30-count bottles (Qty 80k) scheduled to arrive in June/July 2022

**pDTG** quantities distributed to provincial level and Health Facilities to start the transition



# TPT Commodity Monitoring a High Priority

## Supply chain support to TPT expansion during FY21 - FY22 and pilot of 3HP

- Continue to build on TPT completion rate success from the last few quarters
- Decision from MoH to postpone expansion of 3HP due to INH300 overstocks, particularly at the central level (as highlighted below)
- Supply chain team to focus intently on TPT stock status monitoring with HIV Program TWG to minimize INH expiries

	TPT months of stock (MOS) - October 2021 - Dec 2021					
	October 2021		November 2021		December 2021	
TPT regimen	Central	Health Facilities	Central	Health Facilities	Central	Health Facilities
Isoniazid 100 mg Tablet, 10 x 10 Blister Pack Tablets	13.7	8.48	19.3	7.84	No data available	9.92
Isoniazid 300 mg Tablet, 24 x 28 Blister Pack Tablets	37.6	11.09	41.5	13.85	No data available	16.88
Rifapentine 150 mg Film-Coated Tablet, 8 x 3 Blister Pack Tablets	No data available	6.96	No data available	5.90	No data available	10.05
Rifapentine/Isoniazid 300/300 mg Film-Coated Tablet, 3 x 12 Blister Pack Tablets	No data available	3.30	No data available	3.84	No data available	3.19

Sources: PPMR-HIV (central-level stock data) and SC-FACT (site-level stock data)

# Risk Mitigation Strategies to Ensure Commodity Security

## Identified supply chain and commodities risks

- High shipping costs affecting all commodities for PEPFAR and Global Fund
- COVID-19 continues to affect shipments, implementation and critical activities
- Difficulty and high cost of delivery in insecure areas
- Longer import processes (BIEF) for laboratory commodities
- Acceptability of new regimens
- Medicines quality

## Mitigation strategies to ensure commodity security

- PEPFAR supports careful planning, including close coordination between PEPFAR and Global Fund regarding commodities supply planning and consideration of longer lead times
- Coordination on importation processes with Ministry of Health and NDRA (BIEF) to avoid delays
- Strategic transition strategies for regimen optimization, including planned collection and destruction of legacy regimens - LPV/r granules reverse logistics and disposal during COP21
- PQM+ will assure quality of ARVs and related HIV commodities along the health supply chain (community, patient level and pediatric dolutegravir 10 mg dispersible tablet (DTG-10 DT) monitoring)





Obrigado!